

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 003800001		CITY OR TOWN ASHFIELD			
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME	E: LYDIAN ENT., I	NC.				
DOING BUSINES	S A ASHFIELD LA	KE HOUSE				
ADDRESS 141 BU	JCKLAND RD					
CITY/TOWN: AS	SHFIELD	STATE: M	A ZIP CODE:	01330		
	MILTON, TY DITH W.	PE OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol	
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_	
DESCRIPTION OF	F LICENSED PREM	ISES:				
	ESTAURANT AND ITCHEN ON 1ST FI		G 2 DINING AREA	AND DECK V	VITH	
I hereby certify and	l swear under penaltie	es of perjury that:				
1. the rene	wed license will be of	f the same type for	the same premises nov	w licensed;		
2. the licer	see has complied wit	th all laws of the Co	mmonwealth relating	to taxes; and		
3. the pren	nises are now open fo	or business (If not ex	kplain below)			
SIGNED BY						
	Individual, Partne	er or Authorized Co	rporate Officer			
DATE:	TELEPHO	NE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT In	(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, sign	ed by the building in	nspector and the h	the certificate requi ead of the fire depar nsurance required by	tment for the	above	
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY	
APPROVED:]		By:			
DISAPPROVED:						
(If disapproved exp	laın)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 003800002			CITY OR TOWN ASHFIELD				
APPLICATION FOR RENEWAL: Ann		Annual	LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NA	AME: LAKESIDE VENTU	RES, INC.					
DOING BUSIN	NESS A ASHFIELD NEIGH	HBORS					
ADDRESS 244	4 MAIN STREET RTE. 116						
CITY/TOWN:	ASHFIELD	STATE: MA	ZIP CODE:	01330			
MANAGER:	NOLAN, PHILIP F. TYPE JR.	OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol		
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS				
	N OF LICENSED PREMISE						
	BLDG WITH ONE ROOM		TWO ROOMS FOR	STORAGE			
, ,	and swear under penalties or renewed license will be of th		same premises now	licensed:			
	licensee has complied with a	• •	•				
	premises are now open for b		_	, tarres, tarre			
SIGNED BY							
	Individual, Partner o	r Authorized Corpo	orate Officer				
DATE:					10111111111111111111111111111111111111		
DATE:	TELEPHONE	NUMBER:	: EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security				
			(3333) <u>1,22</u> ma	rriduir Social St	searry ramoer)		
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY		
APPROVED: DISAPPROVED:			By:				
(If disapproved			-				
· FF	1 /						
DATE:							

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:003800004		CIT	TY OR TOWN	ASHFIELL)
APPLICATION FOR	RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 278 BAR	A EDGE HILL GO		EIDEMAN	I, SUZANNE C	CONNELL	
CITY/TOWN: ASH		STATE:	MA	ZIP CODE:	01330	
MANAGER:						A11 A111
	11	PE OF LICEN	SE: Restaur	ant C.	ATEGORI:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR W	VERSITE AND ENTER	YOUR EMAIL A	ADDRESS		
DESCRIPTION OF I						
GOLF COURSE AN RESTAURANT, FIR AND OFFICE						RO SHOP
2. the license	ed license will be of see has complied with ses are now open for	h all laws of the	Commonv	vealth relating t		
SIGNED BY	Individual, Partne	r or Authorized	l Corporate	Officer		
DATE:	TELEPHON	NE NUMBER:		EMPLOYER (Note: NOT Inc		TION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	spector and th	ne head of t	the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		Lu Bj	OCAL LICENS y:	SING AUTHO	ORITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	::003800006		CITY OR TOWN	ASHFIELD)
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	ELMER'S STORE	, LLC			
DOING BUSINESS	A ELMER'S STOR	E			
ADDRESS 396 MAI	N STREET				
CITY/TOWN: ASH	FIELD	STATE: MA	ZIP CODE:	01330	
MANAGER: PARA	ATI, NAN TY	PE OF LICENSE:Re	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMI	SES:			
I hereby certify and s	wear under penalties	s of perjury that:			
		the same type for the	=		
2. the license	ee has complied with	h all laws of the Com	nonwealth relating to	taxes; and	
3. the premis	ses are now open for	business (If not expl	ain below)		
SIGNED BY			0.65		
	Individual, Partnei	r or Authorized Corpo	orate Officer		
D 4 mg					
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: NOT IIId	Ividual Social S	ecurity Number)
		e in possession (1) th			
		spector and the head f liquor liability insu			
of 2010.	2) the certificate of	i iiquoi naoiiity iiist	trance required by	Chapter 110	of the fiets
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved expla	in)				
DATE					
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY I	LICENSEES DURING THE M	IONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)